

INTERCHANGABILITY OF SPECIALTY QUALIFICATION RATINGS

Mission Coordinator																				
Air Operations Director																				
Ground Operations Director																				
Air or Ground Search Coordinator																				
Communications Unit Director																				
Radio Operator																				
Information Officer																				
Flight Line Officer																				
SAR/DR Mission Pilot																				
CN Mission Pilot																				
Transport Mission Pilot																				
Observer																				
Scanner																				
Ground Team Leader																				
Ground Team Member																				
Air Radiological Monitor																				
Ground Radiological Monitor																				
General Emergency Services																				
	Mission Coordinator	Air Operations Director	Ground Operations Director	Air or Ground Search Coordinator	Communications Unit Director	Radio Operator	Information Officer	Flight Line Officer	SAR/DR Mission Pilot	CN Mission Pilot	Transport Mission Pilot	Observer	Scanner	Ground Team Leader	Ground Team Member	Air Radiological Monitor	Ground Radiological Monitor	General Emergency Services		

MEMBERS HOLDING A SPECIALTY QUALIFICATION RATING IN THIS COLUMN ARE ALSO QUALIFIED TO PERFORM THE SPECIALTY(IES) INDICATED IN THE COLUMNS TO THE RIGHT

REQUEST, AUTHORIZATION, AND REPORT FOR TRAINING/EVALUATION MISSIONS

From: _____	Wing _____	To: _____ Liaison Region
Date: _____		HQ CAP/DO (CD only)
		IN TURN

1. IAW CAPR 50-15 and CAP-USAFI 10-802 request following mission(s): (May check more than one.)

<input type="checkbox"/> SAR Evaluation	<input type="checkbox"/> DR Evaluation	<input type="checkbox"/> CD Evaluation **
<input type="checkbox"/> SAR Training (And 60-2)	<input type="checkbox"/> DR Training	<input type="checkbox"/> CD Training **
<input type="checkbox"/> NCPSC	<input type="checkbox"/> Form 5/91 Evaluations	<input type="checkbox"/> CD Orientation (<input type="checkbox"/> Customs <input type="checkbox"/> DEA)**
		(<input type="checkbox"/> FAA)**

Primary Date: _____ Alternate Date: _____

**CD Contact _____ Phone No. _____

2. Estimated reimbursement cost (see reverse): _____

3. ☐ I certify that _____ Wing has reviewed the previous evaluation and is prepared for the requested USAF evaluation.

☐ I certify that this training mission has been planned and designated to accomplish specific training requirements in the area(s) selected in Item 1.

Wing/CC Signature _____ Date: _____

Wing LO Signature _____ Date: _____

** Region CD/Director's Signature _____ Date: _____

4. Region Liaison Office **SAR/DR** Authorization: ☐ Approved: ☐ Disapproved

USAF Assigned Mission Number: _____

Fund Cite: _____

Signature: _____

5. Region Liaison Office **COUNTERDRUG** Coordination: ☐ Concur ☐ Do Not Concur ☐ LR Plans to Observe

Signature _____ Date: _____

6. HQ CAP Authorization for Counterdrug Training/Evaluation: ☐ Approved - Msn No. _____

☐ Disapproved

Signature: _____ Date: _____

7. Report of Actual Resources Used:

TO: _____ Liaison Region Date: _____

A. Costs: Corp. Acft Flying Cost: \$ _____ Other Acft Flying Cost: \$ _____

Communications: \$ _____ Vehicle Fuel & Oil: \$ _____

B. Flying Hours Used: Corporate Aircraft: _____ Hours Other Aircraft: _____ Hours

Wing LO Signature: _____

Mission reimbursement estimate (calculated by wing):

_____ C-172 hours x \$ _____ C-172 reimbursement rate = \$ _____

_____ C-182 hours x \$ _____ C-182 reimbursement rate = \$ _____

_____ Other hours x \$ _____ Other reimbursement rate = \$ _____

_____ Other hours x \$ _____ Other reimbursement rate = \$ _____

_____ Other hours x \$ _____ Other reimbursement rate = \$ _____

Estimate for communications\$ _____

Estimate for vehicle gas and oil.....\$ _____

Total estimated mission reimbursement.....\$ _____

Mission Base: _____

Other operating locations: _____

Mission scenario for requested training mission:

**APPLICATION FOR SPECIALTY QUALIFICATION CARD (CAPF 101)
OR SPECIALTY QUALIFICATION TRAINING CARD (CAPF 101T)**

REQUEST FOR OPERATIONAL MISSION SPECIALTY QUALIFICATION CARD, CAP FORM 101, OR SPECIALTY QUALIFICATION TRAINING CARD, CAP FORM 101T									
NAME (LAST, FIRST, MI)					GRADE		CAPSN		CHARTER NO.
ADDRESS (STREET, CITY, STATE, ZIP)									
HOME TELEPHONE			WORK TELEPHONE		PAGE TELEPHONE		RADIO CALL		CAPF 76 (NO./DATE)
HEIGHT	WEIGHT	EYES	HAIR	BIRTHDATE (D,M,Y)		<input type="checkbox"/> SENIOR <input type="checkbox"/> CADET		APPLICATION FOR: <input type="checkbox"/> CAPF 101 <input type="checkbox"/> CAPF 101T	
CAP AERONAUTICAL RATING <input type="checkbox"/> COMMAND PILOT <input type="checkbox"/> SENIOR PILOT <input type="checkbox"/> PILOT <input type="checkbox"/> MASTER OBSVR <input type="checkbox"/> SENIOR OBSVR <input type="checkbox"/> OBSVR									
FAA CERT. NO.		FAA MEDICAL (CLASS/DATE)			CAPF 5 DATE		CAPF 91 DATE		TOTAL HRS PIC MOUNTAIN CLINIC
FAA CERT. RATINGS/LIMITATIONS									
21	CHIEF CHECK PILOT			22	CHECK PILOT		23	MSN CHECK PILOT	
24	CADET ORIENTATION PILOT								
SPECIALTY RATING(S) REQUESTED						PLACE AN "X" OVER THE BLOCK NO. FOR EACH REQUESTED RATING		<input type="checkbox"/> INITIAL <input type="checkbox"/> UPGRADE <input type="checkbox"/> RENEWAL <input type="checkbox"/> TRANSFER	
1	GENERAL EMERGENCY SERVICES				11	SAR/DR MISSION PILOT			
2	MISSION COORDINATOR				12	COUNTERNARCOTICS FLT CREW			
3	AIR OPERATIONS DIRECTOR				13	TRANSPORT MISSION PILOT			
4	GROUND OPERATIONS DIRECTOR				14	MISSION OBSERVER			
5	AIR SEARCH COORDINATOR				15	MISSION SCANNER			
6	GROUND SEARCH COORDINATOR				16	GROUND TEAM LEADER			
7	COMMUNICATIONS UNIT DIRECTOR				17	GROUND TEAM MEMBER			
8	RADIO OPERATOR				18	AIR RADIOLOGICAL MONITOR			
9	FLIGHT LINE OFFICER				19	GRD RADIOLOGICAL MONITOR			
10	INFORMATION OFFICER				20	MOUNTAINOUS TERRAIN QUALIFIED			
CAPF 116 COMPLETION: PART 1 DATE _____ PART 2 _____					FIRST AID TRAINING/QUALIFICATION; <input type="checkbox"/> STANDARD DATE EXPIRES: _____ <input type="checkbox"/> MULTIMEDIA <input type="checkbox"/> ADVANCED <input type="checkbox"/> EMT/EMICT/PARAMEDIC <input type="checkbox"/> CPR CPR EXPIRES: _____				
STATE DRIVER'S LICENSE NO. _____					ATTACH SUPPORTING DOCUMENTATION IN ACCORDANCE WITH INSTRUCTIONS ON RE- VERSE.				
CAP DRIVER'S PERMIT (CAPF 75) _____									
FCC RADIOTELEPHONE PERMIT _____									
CAP MEMBERSHIP EXPIRES _____									
PRESENT CAPF 101 EXPIRES _____									
I CERTIFY THAT ALL REQUIRED TRAINING HAS BEEN SATISFACTORILY COMPLETED AND THAT THE MEMBER IS QUALIFIED IN THE SPECIALTY AREAS INDICATED.									
SIGNATURE OF REQUESTOR					DATE		TYPED NAME/GRADE OF REQUESTOR		
SIGNATURE OF UNIT COMMANDER					DATE		ACTIONS NO.		CARD NO. (CAPF 101T)
SIGNATURE OF GROUP COMMANDER					DATE		ACTIONS NO.		CARD NO. (CAPF 101)
SIGNATURE OF WING/REGION COMMANDER					DATE		ACTIONS NO.		

INSTRUCTIONS FOR COMPLETING CAP FORM 100**1. Initial qualifications and renewals:**

a. For the General Emergency Services (ES) specialty, submit CAP Form 100 along with one copy of the required supporting documentation to the unit commander for the unit commander's signature on the CAP Form 101. Units will notify wing headquarters of issuances of CAP Forms 101 with the General ES specialty.

b. For initial qualifications (other than the General ES specialty), submit CAP Form 100 (original plus 2 copies) along with one copy of the required supporting documentation through the unit commander to the wing headquarters (or through the region DO to the region commander for region staff personnel in regions issuing specialty qualification cards).

c. For renewals other than Mission Coordinator, submit CAP Form 100 along with one copy of the required supporting documentation to the unit commander for the unit commander's signature on the CAP Form 101. Units will notify wing headquarters of CAP Form 101 renewals.

d. For Mission Coordinator renewals, submit CAP Form 100 (original plus 2 copies) along with one copy of the required supporting documentation through the unit commander to the wing headquarters (or through the region DO to the region commander for region staff personnel in regions issuing specialty qualification cards).

2. Complete all applicable blocks; do not leave out requested information.

3. Indicate the specialty ratings or training areas (maximum of three training areas at any one time) requested.

4. Use a separate application for CAP Forms 101 and 101T. Do not combine specialty qualification, upgrade, and/or training requests on the same form.

5. Attach the following supporting documentation as applicable to the ratings (or training areas) requested:

a. All applications:

(1) Copy of CAP Form 116 completion record (top of answer sheet) for initial application (not required for subsequent or renewal requests).

(2) Evidence of prerequisite qualifications or training [copy of previously issued CAP Form 101 (only if transferring from another wing), course completion certificate, etc.].

(3) Evidence of satisfactory completion of required classroom instruction.

(4) Required specialty training (copy of endorsed CAP Form 101T indicating training received) (initial application for a particular specialty rating only).

b. Pilots:

(1) Copy of current CAP Form 5.

(2) Copy of current CAP Form 91 (SAR/DR mission pilots only).

c. Ground Team Leaders and Members.

(1) Copy of first aid (or equivalent) training certificate.

(2) Evidence of satisfactory completion of Bloodborne Pathogen training (a minimum of two ground members/leaders on each ground must have received this training).

Reverse of CAP Form 100

SPECIALTY QUALIFICATION CARD, CAP FORM 101

CHARTER NO.	CARD NO.
CIVIL AIR PATROL SPECIALTY QUALIFICATION CARD	
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> AFFIX OPTIONAL PHOTOGRAPH HERE </div>	
THIS CERTIFIES THE IDENTIFIED CIVIL AIR PATROL MEMBER IS QUALIFIED TO PERFORM DUTIES IN THE OPERATIONAL AREAS SHOWN.	
ISSUING WING/REGION	
SIGNATURE OF WING/REGION COMMANDER	
CAP FORM 101 JAN 92	DATE EXPIRES

FRONT

1	GENERAL ES	SAR/DR PILOT	11
2	MISSION COORD.	CNTR NAR CREW	12
3	AIR OPS DIR	TRANSP. PILOT	13
4	GRD OPS DIR	OBSERVER	14
5	AIR COORD.	SCANNER	15
6	GRD COORD	GRD TM LDR	16
7	COMM. DIR	GRD TM MBR	17
8	RADIO OPER.	AIR RAD. MON	18
9	FLIGHT LINE	GRD RAD MON	19
10	INFOR. OFFICER	MOUNTAIN QUAL	20
NAME OF HOLDER			
GRADE		CAPSN	
HEIGHT	WEIGHT	EYES	HAIR
SIGNATURE OF HOLDER			
21	CHF CK PILOT	MSN CK PILOT	23
22	CK PILOT	CDT ORIENT.	24

REVERSE

NOTES:

1. SPECIALTY RATINGS IN WHICH AN INDIVIDUAL IS NOT QUALIFIED ARE SHOWN BY BLACKING OUT THE CORRESPONDING BLOCK NUMBER.
2. CARDS ARE NUMBERED SEQUENTIALLY BY SHOWING THE LAST TWO DIGITS OF THE YEAR IN WHICH THE CARD IS ISSUED FOLLOWED BY THE SEQUENCE NUMBER FOR CARDS ISSUED THAT YEAR.

SPECIALTY QUALIFICATION TRAINING CARD, CAP FORM 101T

CHARTER NO.		CARD NO.	
CIVIL AIR PATROL			
SPECIALTY QUALIFICATION			
TRAINING CARD			
NAME OF HOLDER			
GRADE		CAPSN	
HEIGHT	WEIGHT	EYES	HAIR
SIGNATURE OF HOLDER			
The Above Named Civil Air Patrol Member Is Authorized To Receive Training In The Operational Specialty Areas Shown On The Reverse.			
SIGNATURE OF UNIT COMMANDER			
CAP FORM 101T, REV OCT 95 PREVIOUS EDITIONS ARE OBSOLETE			

FRONT

AUTHORIZED TRAINING SPECIALTY AREAS:	TRAINING RECEIVED (DATE / MISSION / HOURS / ETC.)			
	SPECIALTY			

REVERSE

NOTES:

- 1. ENTER AUTHORIZED TRAINING AREAS (3 MAXIMUM) IN BLOCKS PROVIDED.
- 2. CARDS ARE NUMBERED SEQUENTIALLY BY SHOWING THE LAST TWO DIGITS OF THE YEAR IN WHICH THE CARD IS ISSUED FOLLOWED BY THE SEQUENCE NUMBER FOR CARDS ISSUED THAT YEAR.
- 3. UNUSED TRAINING AREAS ON REVERSE ARE MARKED "NOT USED."
- 4. CAPF 101T CANNOT BE ISSUED FOR COUNTERNARCOTICS FLIGHT CREW, TRANSPORT MISSION PILOT, OR RADIOLOGICAL MONITOR (AIR/GROUND) SPECIALTY AREAS.